

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
-----X

SOPHIE WELISCH,

Plaintiff

-against-

UNITED STATES OF AMERICA,

Defendant.

CERTIFICATE OF SERVICE
BY CERTIFIED MAIL

07-CV-6165

-----X

CARMEN FARRELL, being duly sworn, deposes and says:

1. She is over 18 years old and is not a party to this lawsuit;

2. A copy of the Summons and Complaint in this action directed to the Attorney General of the United States was deposited in the United States Post Office for mailing by certified mail, return receipt requested.

3. This copy of the Summons and Complaint was in fact received by the Attorney General of the United States on July 10, 2007, as evidenced by the attached registry or return receipt.

4. This service was made pursuant to Fed. R. Civ. P. 4(i)(1)(B).

Carmen Farrell
Carmen Farrell

Sworn to before me
this ___ day of July, 2007

Harold G. MacCartney, Jr.
Notary Public

HAROLD G. MACCARTNEY, JR.
NOTARY PUBLIC
NEW YORK STATE
COMMISSION EXPIRES 12/31/2010

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input checked="" type="checkbox"/> X <i>Samuel J. Paden</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to: The Attorney General of The United States U.S. Department of Justice 950 Pennsylvania Ave, NW Washington, DC 20530-0001</p> | | <p>B. Received by (Printed Name) C. Date of Delivery <i>JUL 10 2007</i></p> | |
| | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number (Transfer from service label) <i>7002 3150 0001 9353 3004</i></p> | | | |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-154